

CITY OF LONGMONT RECREATION SERVICES
TEAM ENTRY FORM – 2019 OUTDOOR GRASS 4V4 COED VOLLEYBALL

TEAM NAME: _____

Manager (or adult responsible for Teen Team): _____

Phone (Primary): _____ Secondary: _____

Address: _____
Street City Zip

E-mail: _____

Assistant Manager: _____

Phone (Primary): _____ Secondary: _____

Address: _____
Street City Zip

E-Mail: _____

(check) _____	SUMMER LEAGUE _____	FALL LEAGUE _____
	Jun 10 – Jul 22	Aug 12- Sep 23
(check) _____	Adult Competitive _____	Adult Social _____ Teen _____

***** All games played at Roosevelt Park *****

This form must be completed and submitted along with the entry fee to be considered fully registered. I understand that the entry fee **will not** be refunded if I fail to enter a team in the above mentioned league. As Team Manager, I am responsible to submit payment in full.

Signature

Date

2019 ADULT KICKBALL FEES

LEAGUE FEE: \$105 (\$135 AFTER MAY 19) \$ _____ DATE RECEIVED: _____

EXTRA PLAYER FEES (9+ PLAYERS) _____ X \$13 = \$ _____ RECEIVED BY: _____

TOTAL PAID \$ _____

Individuals or couples can register as Free Agents at www.longmontcolorado.gov/rec or at the Longmont Recreation Center, 310 Quail Rd. Online refer to activity registration and key word **“free agent”**